

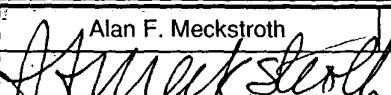
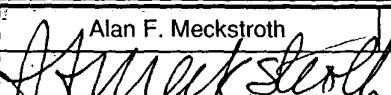
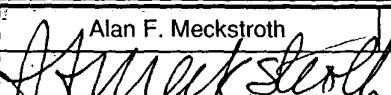
Please type a plus sign (+) inside this box → +

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket No.</b> 7807
		<b>First Inventor</b> Merle T. Brumfield
		<b>Title</b> CALIPER BRAKE COVER FOR USE WITH.
		<b>Express Mail Label No.</b> ER 044387552 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

19589 U.S. PTO  
10/601739  
06/23/03

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																											
See MPEP chapter 600 concerning utility patent application contents.																																													
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 9] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets 2 ]</p> <p>5. Oath or Declaration [ Total Pages 2 ]           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>			<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p>																																										
			<b>ACCOMPANYING APPLICATION PARTS</b>																																										
			<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: .....</p>																																										
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> Prior application No. 29 / 167,338</p> <p>Prior application information: Examiner: <u>Melody Noel Brown</u> Group Art Unit: 2911</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																													
<p><b>19. CORRESPONDENCE ADDRESS</b></p> <p><input type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px;">(Insert Customer No. or Attach bar code label here)</span> or <input checked="" type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="5">ALAN F. MECKSTROTH</td> </tr> <tr> <td rowspan="2">Address</td> <td colspan="5">JACOX, MECKSTROTH &amp; JENKINS</td> </tr> <tr> <td>2310 Far Hills Building</td> <td>Dayton, Ohio 45419-1575</td> <td>State</td> <td>Ohio</td> <td>Zip Code</td> <td>45419-1575</td> </tr> <tr> <td>City</td> <td>Dayton, Ohio 45419-1575</td> <td>State</td> <td>Ohio</td> <td>Zip Code</td> <td>45419-1575</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>937/298-2811</td> <td>Fax</td> <td>937/298-7418</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Alan F. Meckstroth</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="2">22,607</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td colspan="2">6/23/03</td> </tr> </table>				Name	ALAN F. MECKSTROTH					Address	JACOX, MECKSTROTH & JENKINS					2310 Far Hills Building	Dayton, Ohio 45419-1575	State	Ohio	Zip Code	45419-1575	City	Dayton, Ohio 45419-1575	State	Ohio	Zip Code	45419-1575	Country	USA	Telephone	937/298-2811	Fax	937/298-7418	Name (Print/Type)	Alan F. Meckstroth		Registration No. (Attorney/Agent)	22,607		Signature			Date	6/23/03	
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Signature			Date	6/23/03																																									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 415)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Merle T. Brumfield
Examiner Name	
Art Unit	
Attorney Docket No.	7807

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	10-0220
Deposit Account Name	Alan F. Meckstroth

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	375
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 375)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Fee from Extra Claims below Fee Paid			
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue Independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 40)
(Complete if applicable)			

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Name (Print/Type)	Alan F. Meckstroth	Registration No. (Attorney/Agent)	22,607	Telephone 937/298-2811
Signature	Meckstroth			
	Date	6/23/03		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.